

D.I. # _____

CIVIL ACTION**NUMBER:** 06 CV 1665 xxxU.S. POSTAL SERVICE
CERTIFIED MAIL RECEIPT(S)

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature X <i>Eun D. Will</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) C. Date of Delivery 2-26-07
1. Article Addressed to: <i>Charles McRoberts Tectronic Networks Inc. 6621 Bay Circle Suite 170 Atlanta, GA 30071</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
	3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

Number _____
(from service label)

11, August 2001 Domestic Return Receipt 102595-02-M-1540
06-cv-665-111

